



Alcimedès

The recent formation of the Conservative-Liberal Democratic coalition in the UK has seen a flurry of proposed legislation that might be expected from any new government keen to make its mark. Alcimedès notes that some of these proposals may have implications for Forensic Physicians and their patients alike. One notable suggestion from Messrs. Cameron and Clegg is the preservation of anonymity of rape suspects: this has angered certain women's rights groups who feel that this panders to the notion that most allegations of rape are false. Interestingly, even as Alcimedès is typing away furiously on his keyboard, it seems that Mr. Cameron has suggested that this plan may require modification.

There are also proposals to ban the sale of alcohol below cost-price, as this is regarded by many authorities within policing, healthcare and politics as being central to tackling alcohol-related crime and ill-health. On a lesser note, these proposals may ultimately help reduce the demands on over-worked FPs.

Plans to end the detention of child immigrants may also reduce the requests for age assessments by FPs. Currently, highly-educated doctors have to resort to highly-educated guesswork for these assessments.

Alcimedès has noticed that the call for offering "Heroin clinics" to addicts has risen once again. A recent multi-centre study published in the *Lancet* suggests that supplying heroin addicts with injectable heroin will help reduce addiction rates and crime. The research, headed by Professor John Strang of the National Addiction Centre in London, studied 127 heroin addicts in "shooting galleries" and compared the results from injectable heroin, injectable methadone and oral methadone. Their main conclusion was that "*Treatment with supervised injectable heroin leads to significantly lower use of street heroin than does supervised injectable methadone or optimised oral methadone.*" However, one of the main drawbacks from this study will be persuading a cynical public that £15,000 per addict is money well-spent, especially in times of austerity and when drug addiction is often seen as self-inflicted, thereby not generating widespread sympathy. The National Institute for Health and Clinical Excellence (NICE) has waded into the debate on minimum-pricing for alcohol. Professor Anne Ludbrook, a Health Economist from Aberdeen who helped to draft the NICE guidelines, argued that over 100 studies have suggested that setting a minimum price per unit of alcohol will reduce the levels of drinking and the harm that results. Although the figure of 50p per unit of alcohol has been voiced from several different directions,

NICE argue that it is not part of their remit to propose a pricing level, as this decision ultimately rests with Parliament.

With up to 80% of intravenous drug users having Hepatitis C, Forensic Physicians commonly encounter individuals afflicted with this condition, even though the patient may be asymptomatic or might not have been tested for blood-borne viruses. In addition, addicts may lie about their viral status. "World Hepatitis Day" was observed on May 19th and witnessed the release of figures from the UK's Health Protection Agency. There has been a cumulative total of 78,428 people in England having been diagnosed with Hep C between 1992 and 2009, with over 8000 diagnosed in the past year. Early diagnosis remains an issue, as the acute phase is usually void of symptoms.

The NHS Information Centre announced some sobering figures in its "Statistics on Alcohol" report released in May 2010. Amongst the key facts published, Alcimedès notes that 6769 deaths were directly linked to alcohol (England, 2008) which represents an increase of 24% compared with 2001. Over 4400 of these deaths were due to alcoholic liver disease. The average weekly consumption of alcohol (England, 2008) was estimated as 16.8 units for men and 8.6 units for women. Prescriptions for the anti-alcohol medications disulfiram and acamprosate have also increased greatly over the past year.

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